## DUNWOODY POLICE RIDE-ALONG REQUEST FORM

Name:			
Address:			
Date of Birth:	Sex:	Race:	
Home Phone:		Work Phone:	
Name & Address of Emp	ployer:		
		side of the State of Geor	
State Your Reason for W	Vishing to Participate	e in the Ride-Along Prog	ram:

## **GUIDELINES OF RIDE-ALONG PROGRAM**

- 1. Applicant must be at least 18 years of age unless they are an approved member of the Dunwoody Police Department Explorers Program.
- 2. Applicant must have no felony or narcotics convictions and must be free of any misdemeanor convictions which are considered unacceptable by the Chief of Police.
- 3. The applicant must complete a criminal history authorization form.
- 4. The applicant must complete this ride-along request form.
- 5. The applicant must complete a waiver of liability form.
- 6. No participant will act as a police agent in any manner.
- 7. While participating in the ride-along, no participant is allowed entry into a residence or any other location where a reasonable expectation of privacy exists.
- 8. No weapons such as firearms, batons, O.C. Spray, etc. will be carried by a ride-along participant including representatives from other law enforcement agencies.

By signing below I acknowledge the rules listed above and promise that I will abide by them when participating in this program. I realize that my failure to follow any of the aforementioned rules, or providing false or misleading information on this or any other Dunwoody Police Department form will result in the immediate cancellation of my present and future privilege to participate in this program.

Participant's Signatu	ure Date	
Dep. Chief	Date	
	**************************************	***********
Request Approved	Billy Grogan, Chief of Police	
Request Denied	Zing orogan, emer or react	
	 Date	